

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
 or **Fax** (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

8791 7590 03/26/2008
BLAKELY SOKOLOFF TAYLOR & ZAFMAN
1279 OAKMEAD PARKWAY
SUNNYVALE, CA 94085-4040

Cheri Clinkenbeard	(Depositor's name)
<i>Cheri Clinkenbeard</i>	(Signature)
6/2/08	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/815,484	03/31/2004	Brant L. Candelore	80398P560	8521

TITLE OF INVENTION: CONFIGURABLE CABLECARD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	06/26/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
GERGISO, TECHANE	2137	726-020000

06/04/2008 EFLORES1 00000005 10815484
01 FC:1501 1440.00 OP
02 FC:1504 300.00 OP

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
 1 Blakely, Sokoloff,
 2 Taylor & Zafman LLP
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Sony Corporation/Sony Electronics Inc.

Tokyo, Japan/Park Ridge, NJ

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies _____

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

☒ A check is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature *Sheryl Sue Holloway*
 Typed or printed name Sheryl Sue Holloway

Date May 30, 2008
 Registration No. 37,850

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**FEE TRANSMITTAL FOR FY 2008**

(Effective on 9/30/2007. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)

TOTAL AMOUNT OF PAYMENT (\$) 1740.00

Complete if Known:

Application No. 10/815,484
Filing Date 3/31/04
First Named Inventor Candelore
Examiner Name Gergiso, T.
Art Unit 2137
Attorney Docket No. 80398.P560

Applicant claims small entity status. See 37 CFR 1.27.

METHOD OF PAYMENT (check all that apply)☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify)☐ Deposit AccountDeposit Account Number : 02-2666

Deposit Account Name: _____

☒ The Director is Authorized to do the following with respect to the above-identified Deposit Account:

- ☒ Charge fee(s) indicated below.
☒ Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.
☐ Charge fee(s) indicated below except for the filing fee
☒ Credit any overpayments.
☒ Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Large Entity		Small Entity		Fee Description		Fees Paid (\$)
Fee Code	Fee (\$)	Fee Code	Fee (\$)			
1011	310	2011	155	Utility application filing fee	1,030/515	_____
1111	510	2111	255	Utility search fee		_____
1311	210	2311	105	Utility examination fee		_____
1012	210	2012	105	Design application filing fee	440/220	_____
1112	100	2112	50	Design search fee		_____
1312	130	2312	65	Design examination fee		_____
1013	210	2013	105	Plant filing fee	680/340	_____
1113	310	2113	155	Plant search fee		_____
1313	160	2313	80	Plant examination fee		_____
1004	810	2004	405	Reissue filing fee	1,940/970	_____
1114	510	2114	255	Reissue search fee		_____
1314	620	2314	310	Reissue examination fee		_____
1005	210	2005	105	Provisional application filing fee		_____
SUBTOTAL (1)						<u>\$0.00</u>

2. EXCESS CLAIM FEES**Fee Description****Large Entity** **Small Entity**

Fee Fee Fee Fee

Code (\$) Code (\$)

1202 50 2202 25

1201 210 2201 105

1203 370 2203 185

1204 210 2204 105

1205 50 2205 25

Fee Description

Each claim over 20

Each independent claim over 3

Multiple dependent claims, if not paid

Reissue: each claim over 20 and more than in the original patent

Reissue: each independent claim more than in the original patent

Extra Claims**Fee****Fees Paid (\$)**

Total Claims _____ - 20 or HP = _____

HP = highest number of total claims paid for, if greater than 20

Independent Claims _____ - 3 or HP = _____

HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims _____

SUBTOTAL (2) \$ 0.00**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 C.F.R. 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Number of each additional Fee from

Total Sheets

Extra Sheets

50 or fraction thereof

below

Fees paid (\$)

- 100 = _____ / 50 = _____ (round up to whole number) X \$

Large Entity

Fee Fee

Code (\$)

1081 260

1082 260

1083 260

1084 260

Small Entity

Fee Fee

Code (\$)

2081 130

2082 130

2083 130

2084 130

Fee Description: Application size fee for each additional group of 50 sheets beyond initial 100 sheets (count spec & drawings except sequences & program listings):

Utility

Design

Plant

Reissue

SUBTOTAL (3) \$ 0.00

FEE CALCULATION (continued)**4. OTHER FEE(S)**

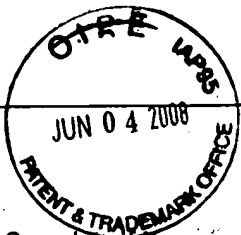
				<u>Fees Paid (\$)</u>	
Non-English Specification, \$130 fee (no small entity discount)					
<u>Large Entity</u>		<u>Small Entity</u>			
Fee Code	Fee (\$)	Fee Code	Fee (\$)	<u>Fee Description</u>	
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1813	8,800	1813	8,800	Request for inter parties reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	120	2251	60	Extension for reply within first month	
1252	460	2252	230	Extension for reply within second month	
1253	1,050	2253	525	Extension for reply within third month	
1254	1,640	2254	820	Extension for reply within fourth month	
1255	2,230	2255	1,115	Extension for reply within fifth month	
1401	510	2401	255	Notice of Appeal	
1402	510	2402	255	Filing a brief in support of an appeal	
1403	1,030	2403	515	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	510	2452	255	Petition to revive - unavoidable	
1453	1,540	2453	770	Petition to revive - unintentional	
1501	1,440	2501	720	Utility issue fee (or reissue)	1440.00
1502	820	2502	410	Design issue fee	
1503	1,130	2503	565	Plant issue fee	
1462	400	1462	400	Petitions to the Commissioner (CFR 1.17(f) Group I)	
1463	200	1463	200	Petitions to the Commissioner (CFR 1.17(g) Group II)	
1464	130	1464	130	Petitions to the Commissioner (CFR 1.17(h) Group III)	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	810	2809	405	For filing a submission after final rejection (see 37 CFR 1.129(a))	
1814	130	2814	65	Statutory Disclaimer	
1810	810	2810	405	For each additional invention to be examined (see 37 CFR 1.129(b))	
1801	810	2801	405	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	
1504	300	1504	300	Publication fee for early, voluntary, or normal pub.	300.00
1505	300	1505	300	Publication fee for republication	
1803	130	1803	130	Request for voluntary publication or republication	
1808	130	1808	130	Processing fee under 37 CFR 1.17(i) (except provisionals)	
1454	1,410	1454	1,410	Acceptance of unintentionally delayed claim for priority	
Other fee (specify) _____					
Other fee (specify) _____					

SUBTOTAL (4) \$1740.00

*Reduced by Basic Filing Fee Paid

SUBMITTED BY:Typed or Printed Name: Sheryl Sue HollowaySignature: Date: MAY 30, 2008Reg. Number: 37,850Telephone Number: 408-720-8300

Send to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



FEE TRANSMITTAL FOR FY 2008

(Effective on 9/30/2007. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

TOTAL AMOUNT OF PAYMENT (\$) 1740.00

Complete if Known:

Application No. 10/815,484
 Filing Date 3/31/04
 First Named Inventor Candelore
 Examiner Name Gergiso, T.
 Art Unit 2137
 Attorney Docket No. 80398.P560

Applicant claims small entity status. See 37 CFR 1.27.

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify)

☐ Deposit Account

Deposit Account Number : 02-2666

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FEE CALCULATION

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Large Entity		Small Entity		Fee Description		Fees Paid (\$)
Code	Fee (\$)	Code	Fee (\$)			
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1114	510	2114	255	Reissue search fee		
1314	620	2314	310	Reissue examination fee		
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SUBTOTAL (1)						\$0.00

2. EXCESS CLAIM FEES**Fee Description****Large Entity Small Entity****Fee Fee Fee Fee****Code (\$) Code (\$) Fee Description**

1202 50 2202 25

Each claim over 20

1201 210 2201 105

Each independent claim over 3

1203 370 2203 185

Multiple dependent claims, if not paid

1204 210 2204 105

Reissue: each claim over 20 and more than in the original patent

1205 50 2205 25

Reissue: each independent claim more than in the original patent

Extra Claims**Fee****Fees Paid (\$)****Total Claims** _____ **- 20 or HP =** _____**X** _____ **=** _____

HP = highest number of total claims paid for, if greater than 20

Independent Claims _____ **- 3 or HP =** _____**X** _____ **=** _____

HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims_____ **=** _____**SUBTOTAL (2) \$ 0.00****3. APPLICATION SIZE FEE**

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Number of each additional Fee from**Total Sheets****Extra Sheets****50 or fraction thereof****below****Fees paid (\$)**- 100 = _____ / 50 = _____ (round up to whole number) **X \$****Large Entity****Fee Fee****Code (\$)****Small Entity****Fee Fee****Code (\$)****Fee Description: Application size fee for each additional group of 50 sheets****beyond initial 100 sheets (count spec & drawings except sequences & program listings):**

1081 260

2081 130

Utility

1082 260

2082 130

Design

1083 260

2083 130

Plant

1084 260

2084 130

Reissue

SUBTOTAL (3) \$ 0.00

FEE CALCULATION (continued)**4. OTHER FEE(S)**

				Fees Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)					
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1504	300	1504	300	Publication fee for early, voluntary, or normal pub.	300.00
1505	300	1505	300	Publication fee for republication	
1803	130	1803	130	Request for voluntary publication or republication	
1808	130	1808	130	Processing fee under 37 CFR 1.17(i) (except provisionals)	
1454	1,410	1454	1,410	Acceptance of unintentionally delayed claim for priority	
Other fee (specify) _____					
Other fee (specify) _____					

SUBTOTAL (4) \$1740.00

*Reduced by Basic Filing Fee Paid

SUBMITTED BY:Typed or Printed Name: Sheryl Sue HollowaySignature: Date: MAY 30, 2008Reg. Number: 37,856Telephone Number: 408-720-8300

Send to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



Attorney Docket No. 80398.P560

Patent

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:)	
)	Art Unit: 2137
Brant L. Candelore)	
)	
Serial No.: 10/815,484)	Examiner: Gergiso, T.
)	
Filed: March 31, 2004)	
)	
For: Configurable Cablecard)	
)	
<hr/>		
Mail Stop Issue Fee		
P.O. Box 1450		
Alexandria, VA 22313-1450		

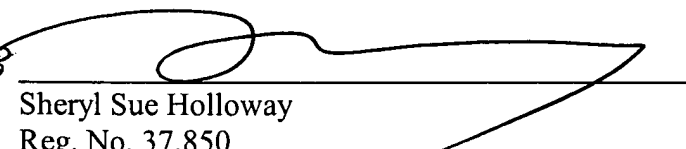
PAYMENT OF ISSUE FEE

In response to the Notice of Allowance mailed March 26, 2008, enclosed herewith for filing in the above-referenced patent application is a check in the amount of \$1,740.00 for payment of the issue fee and the publication fee.

Please charge any shortages or credit any overages to our Deposit Account No. 02-2666.

Respectfully submitted,

BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP

Date: May 30, 2008 
Sheryl Sue Holloway
Reg. No. 37,850

1279 Oakmead Parkway
Sunnyvale, CA 94085-040
(408) 720-8300